

SERIAL NUMBER 09/430,406	FILING DATE 10/29/99	CLASS 345	GROUP ART UNIT 2772	ATTORNEY DOCKET NO. 10991367-1	
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>SHELL S. SIMPSON, BOISE, ID; KRIS R. LIVINGSTON, BOISE, ID.</p> <p><b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED</p> <p>_____</p> <p><b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED</p> <p>_____</p> <p><b>**FOREIGN APPLICATIONS*****</b> VERIFIED</p> <p>_____</p> </div> </div>					
<p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/26/99</p>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY ID	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <span>Examiner's Initials _____</span> <span>Initials _____</span> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p><del>IP ADMINISTRATION-</del></p> <p><del>LEGAL DEPARTMENT-20BN.</del></p> <p><del>HEWLETT PACKARD COMPANY-</del></p> <p><del>PO BOX 10301-</del></p> <p><del>PALO ALTO CA 94303-0890</del></p> </div> <div style="font-size: 2em; margin-left: 20px;">22879</div> </div>			
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>METHOD AND APPARATUS FOR ENHANCING THE PERCEPTUAL PERFORMANCE OF A POST-PRINTING APPLICATION ENVIRONMENT</p> </div> </div>					
FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		